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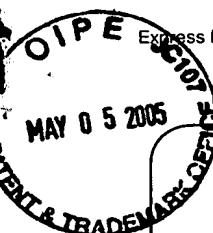
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TRANSMITTAL FORM

(to be used for all *correspondence after* initial filing)

Application Number	AL01071K 10 088629
Filing Date	03/19/02
First Named Inventor	Heithoff
Art Unit	1614
Examiner Name	Spivack
Attorney Docket Number	AL01071K

Total Number of Pages in This Submission 4

ENCLOSURES   *(Check all that apply)*

- [X] Fee Transmittal Form
  - [ ] Fee Attached
- [ ] Amendment/Reply
  - [ ] After Final
  - [ ] Affidavits/declaration(s)
- [X] Extension of Time Request
- [ ] Express Abandonment Request
- [ ] Information Disclosure Statement
- [ ] Certified Copy of Priority Document(s)
- [ ] Reply to Missing Parts/ Incomplete Application
  - [ ] Reply to Missing Parts under 37 CFR 1.52 or 1.53

- [ ] Drawing(s)
- [ ] Licensing-related Papers
- [ ] Petition
- [ ] Petition to Convert to a Provisional Application
- [ ] Power of Attorney, Revocation Change of Correspondence Address
- [ ] Terminal Disclaimer
- [ ] Request for Refund
- [ ] CD, Number of CD(s) _____
  - [ ] Landscape Table on CID

Remarks

- [ ] After Allowance Communication to TC
- [ ] Appeal Communication to Board of Appeals and Interferences
- [ ] Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- [ ] Proprietary Information
- [ ] Status Letter
- [X] Other Enclosure(s) (please Identify below):

Postcard;

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Schering-Plough Corporation.
Signature	*Robert J. Lipka*
Printed name	Robert J. Lipka
Date	May 05, 2005
Reg. No.	42,807

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		
Typed or printed name		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer U S Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED I TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

Ifyou *need assistance* in completing the form, call 1-800-PTO-9199 and select option 2.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **FY 2005** ((Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818).)	Docket Number (optional) AL01071K
Application Number 10/088,629	Filed 03/19/02

For Treating allergic and inflammatory conditions

Art Unit 1614	Examiner Spivack

This is a request under the provisions of 37 CFR 1. 1 36(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check ti me period desired and enter the appropriate fee below):

Fee

☒ One month (37 CFR 1.17(a)(1)) $120 $ 120.00

☐ Two months (37 CFR 1. 1 7(a)(2)) $450 $

☐ Three months (37 CFR 1. 1 7(a)(3)) $1020 $

☐ Four months (37 CFR 1. 1 7(a)(4)) $1590 $

☐ Five months (37 CFR 1. 1 7(a)(5)) $2160 $

☐ Applicant claims small entity status. See 37 CFR 1-27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number   19-0365   I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the   ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
   Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number_____

☒ attorney or agent under 37 CFR 1.34.
   Registration number if acting under 37 CFR 1.34   42,807

_____   May 5, 2005
                Signature   Date

Robert J. Lipka   908-298-5056
        Typed or printed name   Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms N more than one Signature is required, see below,

☒ Total of   1   forms are submitted.

05/09/2005 NNGUYEN1 00000024 190365   10088629
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